



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date 3-30-78	1. Agency Address <i>Department of Human Resources Division of Physical Health Community Tuberculosis Control Unit Bldg. 512; Northwest Ga. Regional Hosp. Rome, Ga. 30161</i>	Application Number 77-215-A	
Application Number <i>DHR 5-8</i>		Date Received MAR 31 1978	Date Completed APR 11 1978
2. Person to Contact <i>Bonnie Green</i>		Working Title <i>Administrative Aide</i>	Telephone Number <i>GIST 231-6169</i>
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <i>77-154 162 214 215</i> . Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest <i>1968</i> Latest <i>to date</i>		5. Records Series Title (followed by title used in office; if different) <i>Tuberculosis Control Client Records (see attached listing)</i>	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? <i>The Division of Physical Health provides direction, coordination and advocacy for multifaceted public health program responsive to changing disease patterns. To accomplish this purpose there are three major activities of the Division involved in providing health services to the citizens of Georgia; The Local Health Activity, the Family Health Activity and the Community Health Activity. The Community Tuberculosis Control Unit is one facet of the Community Health Activity whose function is the reduction of the incidence of tuberculosis infection through the treatment of persons who are able to infect others, and through the preventive treatment of non-infectious individuals who become infected. To accomplish these objectives, infected persons must be identified and evaluated and given preventive treatment if indicated; and persons who are suspected of having tuberculosis must be identified, evaluated and monitored to see if there is, in fact, infection or disease present.</i>			
7. Record Series Description Documents relating to: Included are: File is arranged:		This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. <i>See Attached.</i>	
8. Monthly Reference Rate One to six months old _____ Twenty-five months and older _____		How often are records referred to which are: Seven to twelve months old _____; Thirteen to twenty-four months old _____	
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then.

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Bonnie J. Green</i>	3/27/78	<i>W. J. McDonald</i>	3-30-78

State Records Committee (Signature)		Date
State Auditor/Designee	<i>[Signature]</i>	4-7-78
Secretary of State/Designee	<i>Carroll Hart</i>	4-7-78
Attorney General/Designee	<i>[Signature]</i>	4-11-78

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)

✓ 77-215-A

Tuberculosis Control X-Ray Screening Files

Documents relating to determining if persons screened in an X-ray Clinic are infected or diseased with tuberculosis.

Included are X-ray films from County X-ray Clinics and private physicians.

Files are arranged within two sections, positive and negative, thereunder by patient identifier.

Negative - Cut off file at the end of the calendar year; hold in current files area 3 years; then destroy.

Positive - Upon declaration the patient is inactive, place X-ray in the inactive file, hold 7 years in current files area then transfer to State Records Center, hold 8 years then destroy.

X-rays to be recycled according to current State guidelines.

77-214-A

Tuberculosis Suspect Files

Documents relating to identifying and locating persons suspected of being infected with tuberculosis.

Included are Basic TB Service Record (PD 5.3); Interstate Reciprocal Notification of Disease (NCDC- HEW, HSM 4.337); TB Culture Identification; Weekly Laboratory Infectious Agent Report (3082); reference type material including correspondence, physician's memoranda and notes and similar and related information.

Files are arranged within two sections, ^{pos. &} _{neg.} thereunder alphabetically by name.

Basic TB Service Record

Negative - Upon receipt of negative test results, place document in negative results area, cut off file at the end of each calendar year; hold in current files area 3 years; then destroy .

Positive - Upon receipt of positive test results, place document in positive results area, cut off file at the end of the calendar year, hold in current files area 7 years; then destroy.

Interstate Reciprocal Notification of Disease

Cut off file at the end of the calendar year, hold in current files area 3 years; then destroy.

TB Culture Identification

Positive - Place in TB Case File

Negative - Upon receipt of negative test results place document in negative results area, cut-off file at the end of each calendar year; hold in current files area 3 years; then destroy.

Weekly Laboratory Infectious Agent Report -
Destroy when no longer needed for reference.

77-162-A

Tuberculosis Contact Files

Documents relating to identifying contacts to diagnosed cases of infectious tuberculosis.

Included are TB Interviewer's Sheet (DD 5.10); Preventive Treatment Roster and similar and related information.

Tuberculosis Interviewer's Sheet -

Destroy when computer report is verified.

Preventive Treatment Roster

Cut-off file at the end of the fiscal year; hold in current files area 5 years; then destroy.

77-154-A

Tuberculosis Control Program Management Evaluation Files

Documents relating to evaluating program effectiveness with a view to making program improvements. Included are: forms prescribed by United States Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of State Services, Tuberculosis Control Division: CDC 5.62 (Summary Report - Indices of Drug Therapy); CDC 5.61 (Summary Report - Index of Bacteriologic Conversion of Sputum); CDC 5.63 (Summary Report - Completion of Prevention Treatment); CDC 5.4018-5 (Tuberculosis Program Management Report - Contact and Other Infected Persons Under Supervision); CDC 5.4018.1 (Tuberculosis Program Management Report - Case Register); and CDC 5.1393 (Annual Tuberculosis Statistical Summary). The file is arranged by fiscal year.

Cut-off file at the end of the fiscal year; hold in current files area 5 years; then retire to State Archives for permanent retention.



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INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date 5/24/77	1. Agency Address Department of Human Resources Division of Physical Health Community Tuberculosis Control Unit Bldg. 512, Northwest Ga. Regional Hosp. Rome, Ga. 30161	Application Number 77-215	
Application Number DHR-144		Date Received JUN 13 1977	Date Completed AUG 22 1977
2. Person to Contact Bonnie Green		Working Title Administrative Aide	Telephone Number GIST 231-6169
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supercede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1971 Latest To date		5. Records Series Title (followed by title used in office, if different) X-ray Screening File	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Physical Health provides direction, coordination and advocacy for a multi-faceted public health program responsive to changing disease patterns. To accomplish this purpose there are three major activities of the Division involved in providing health services to the citizens of Georgia: The Local Health Activity, the Family Health Activity and the Community Health Activity. The Community Tuberculosis Control Unit is one facet of the Community Health Activity whose function is the reduction of the incidence of tuberculosis infection through the treatment of persons who are able to infect others, and through the preventive treatment of non-infectious individuals who become infected. To accomplish these objectives, infected persons must be identified and treated; the persons who come in contact with infected people must be identified and evaluated and given preventive treatment if indicated; and persons who are suspected of having tuberculosis must be identified; evaluated and monitored to see if there is, in fact, infection or disease present.			
7. Record Series Description Documents relating to: Included are:		This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Determining if persons screened in an X-ray Clinic are infected or diseased with tuberculosis. X-ray films from County X-ray Clinics and private physicians.	
File is arranged: Alphabetically.			
8. Monthly Reference Rate		How often are records referred to which are: One to six months old 75/mo.; Seven to twelve months old 50/mo.; Thirteen to twenty-four months old 10/mo.; twenty-five months and older 5/mo. ?	
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) 12 inches/yr.			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X		c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other Cut off on the 5th ~~XXXX~~ anniversary of the date of the film then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☒ Transfer to local holding area, hold 2 year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>W. T. Molloy</i>	<i>3/17/77</i>	<i>Dennis J. Green</i>	<i>3/14/77</i>
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee	<i>8-16-77</i>
		Secretary of State/Designee	<i>8-12-77</i>
		Attorney General/Designee	<i>8-22-77</i>



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INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		1. Agency Address Department of Human Resources Division of Physical Health Community Tuberculosis Control Unit Bldg. 512, Northwest Ga. Regional Hosp. Rome, Ga. 30161	FOR RECORDS MANAGEMENT USE	
Application Date 5/24/77			Application Number 77-214	
Application Number DHR-143			Date Received JUL 16 1977	Date Completed AUG 22 1977
2. Person to Contact Bonnie Green		Working Title Administrative Aide	Telephone Number GIST 231-6169	
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void				
4. Dates of Series Earliest 1967 Latest To date		5. Records Series Title (followed by title used in office, if different) Tuberculosis Suspect Files		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Physical Health provides direction, coordination and advocacy for a multi-faceted public health program responsive to changing disease patterns. To accomplish this purpose there are three major activities of the Division involved in providing health services to the citizens of Georgia: The Local Health Activity, the Family Health Activity and the Community Health Activity. The Community Tuberculosis Control Unit is one facet of the Community Health Activity whose function is the reduction of the incidence of tuberculosis infection through the treatment of persons who are able to infect others, and through the preventive treatment of non-infectious individuals who become infected. To accomplish these objectives, infected persons must be identified and treated; the persons who come in contact with infected people must be identified and evaluated and given preventive treatment if indicated; and persons who are suspected of having tuberculosis must be identified, evaluated and monitored to see if there is, in fact, infection of disease present.				
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Identifying and locating persons who are suspected of being infected or diseased with tuberculosis. Included are: Forms listed below plus journal of names, correspondence, physician's memoranda and notes. a. PD 5.39 - Tuberculosis Epidemiologic Report (Rev. 1-75) b. HSM 4.337 - Interstate Reciprocal Notification of Disease - Edition Rev. 2-67 (NCDC) Dept HEW - Edition Rev. 9-75 Public Health Service c. PD 5.3 - Basic TB Service Record (Rev. 1-75) d. DPH (DCS) (4)-52 - Tuberculosis Culture Identification - (Rev. 9-70) e. DPH/DCS (1)-22 - Weekly Laboratory Infection Agent Report (Rev. 6-74) File is arranged: Open file and closed file are arranged alphabetically by name. Journal is arranged in numerical sequence by year.				
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>7/wk.</u> ; Seven to twelve months old <u>7/wk.</u> ; Thirteen to twenty-four months old <u>1/wk.</u> ; twenty-five months and older <u>0</u> ?				
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) <u>3 linear inches</u> Per year				

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X		c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <u>Laboratories and County Health Departments</u>
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then.

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

Tuberculosis Suspect Files

Cut-off file on the 5th anniversary of the date of the ^{corresponding} x-ray film of patient then, transfer to local holding area, hold 2 years; then destroy

Tuberculosis Suspect Journal Files

Cut-off file at the end of the calendar year, hold in current files area 7 years; then destroy

Tuberculosis Suspect Laboratory Report Files

Cut-off file at the end of the calendar year; hold in current files area 7 years; then destroy

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>H. T. Molloy</i>	<i>3/14/77</i>	<i>Boamie J. Green</i>	<i>3/14/77</i>
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee <i>[Signature]</i>	<i>8-16-77</i>
		Secretary of State/Designee <i>Carroll Harv</i>	<i>8-12-77</i>
		Attorney General/Designee <i>[Signature]</i>	<i>5-22-77</i>



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INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		1. Agency Address	FOR RECORDS MANAGEMENT USE	
Application Date 5/24/77		Department of Human Resources Division of Physical Health Community Tuberculosis Control Unit Bldg. 512, Northwest Ga. Regional Hosp. Rome, Ga. 30161	Application Number 77-162	
Application Number DHR-145			Date Received MAY 27 1977	Date Completed JUN 22 1977
2. Person to Contact Bonnie Green		Working Title Administrative Aide	Telephone Number GIST 231-6169	
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void				
4. Dates of Series Earliest 1972 Latest To date		5. Records Series Title (followed by title used in office, if different) Tuberculosis Contact Files		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Physical Health provides direction, coordination and advocacy for a multi-faceted public health program responsive to changing disease patterns. To accomplish this purpose there are three major activities of the Division involved in providing health services to the citizens of Georgia: The Local Health Activity, the Family Health Activity and the Community Health Activity. The Community Tuberculosis Control Unit is one facet of the Community Health Activity whose function is the reduction of the incidence of tuberculosis infection through the treatment of persons who are able to infect others, and through the preventive treatment of non-infectious individuals who become infected. To accomplish these objectives, infected persons must be identified and treated; the persons who come in contact with infected people must be identified and evaluated and given preventive treatment if indicated; and persons who are suspected of having tuberculosis must be identified, evaluated and monitored to see if there is, in fact, infection or disease present.				
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Identifying contacts to diagnosed cases of infectious tuberculosis. Included are: PD 5.10 - Georgia Department of Human Resources Tuberculosis Interviewers Sheet (Rev. 1-75) CDC 5.4018-5 - Department of HEW, Public Health Service Center for Disease Control, Bureau of State Service Tuberculosis Control Division: Tuberculosis Program Management Report Contact and Other Infected Persons Under Supervision (Rev. 9-75) PD 5.3 - Basic TB Service Record (Rev. 1-75) HSM 4.337 (CDC) - Interstate Reciprocal Notification of Disease (Rev. 10-71) Other papers and records: Form letters and other correspondence; key punch cards; summary printouts File is arranged: Alphabetically, by name, within counties arranged alphabetically.				
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>6/mo.</u> ; Seven to twelve months old <u>6/mo.</u> ; Thirteen to twenty-four months old <u>1/mo.</u> ; twenty-five months and older <u>2/yr.</u> ?				
9. Annual Rate of Accumulation of Records Letter-size drawers <u>one</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____				

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X		c. Is this a vital record?
X		d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout? Semi-annual

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 5 year(s); then
- ☒ Transfer to local holding area, hold 12 year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☒ Destroy.
- ☒ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>H. I. Molloy</i>	<i>3/14/77</i>	<i>Bonnie F. Green</i>	<i>3/14/77</i>
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		<i>James J. ...</i>	<i>4/2/77</i>
		<i>Carolee Hart</i>	<i>6-17-77</i>
		<i>M. J. ...</i>	<i>6-20-77</i>



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FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date 5/24/77	1. Agency Address Department of Human Resources Division of Physical Health Community Tuberculosis Control Unit Bldg. 512, Northwest Ga. Regional Hosp. Rome, Ga. 30161	Application Number 77-154	
Application Number DHR-146		Date Received MAY 27 1977	Date Completed JUN 22 1977
2. Person to Contact Carl J. Schieffelin		Working Title Public Health Representative	Telephone Number GIST 231-6155
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supercede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1963 Latest To date		5. Records Series Title (followed by title used in office, if different) Tuberculosis Control Program Management Evaluation Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Physical Health provides direction, coordination and advocacy for a multi-faceted public health program responsive to changing disease patterns. To accomplish this purpose there are three major activities of the Division involved in providing health services to the citizens of Georgia: The Local Health Activity, the Family Health Activity and the Community Health Activity. The Community Tuberculosis Control Unit is one facet of the Community Health Activity whose major function is the reduction of the incidence of tuberculosis infection through the treatment of persons who are able to infect others, and through the preventive treatment of non-infectious individuals who become infected. To accomplish these objectives, infected persons must be identified and treated; the persons who come in contact with infected people must be identified and evaluated and given preventive treatment if indicated; and persons who are suspected of having tuberculosis must be identified, evaluated and monitored to see if there is, in fact, infection or disease present.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Evaluating program effectiveness with a view to making program improvement. Included are: Forms prescribed by U.S. Department of Health, Education and Welfare, Public Health Service, Center for Disease Control, Bureau of State Services, Tuberculosis Control Division. CDC 5.61 - Summary Report - Index of Bacteriologic Conversion of Sputum. CDC 5.62 - Summary Report - Indices of Drug Therapy. CDC 5.63 - Summary Report - Completion of Prevention Treatment. CDC 5.4018-5 - Tuberculosis Program Management Report - Contact and Other Infected Persons Under Supervision. CDC 5.4018-1 - Tuberculosis Program Management Report - Case Register. CDC 5.1393 - Annual Tuberculosis Statistical Summary. File is arranged: By fiscal year with the exception of the Annual Tuberculosis Statistical Summary (Form CDC 5.1393) which is arranged by calendar year.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>1/mo.</u> ; Seven to twelve months old <u>1/mo.</u> ; Thirteen to twenty-four months old <u>1/mo.</u> ; twenty-five months and older <u>1/yr.</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) <u>4 linear inches per year</u>			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X		c. Is this a vital record?
X		d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. CDC analyses and summarizes nationally.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? CDC maintains a file copy of what we submit for 5 years.
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need. CDC (per Ms. Sara Owens) states that CDC considers their copies of these reports as resource records. They retain the forms 5 years after the data is updated in the CDC computer.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 5 year(s); then
- ☒ Transfer to local holding area, hold 20 year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☒ Destroy, except
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Annual Tuberculosis Statistical Summary (Form CDC 5.1393) - cut off file at end of each calendar year; hold in current files area 5 years; then transfer to local holding area; hold 20 years; then destroy.

These instructions apply to all prior and future accumulations of the series.

Will J. McDonald RFR RAO 5-25-77

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>M.T. McElroy</i>	<i>3/14/77</i>	<i>Bennett J. Green</i>	<i>3/14/77</i>

State Records Committee (Signature)	Date
<i>[Signature]</i>	<i>6-20-77</i>
State Auditor/Designee	<i>6-17-77</i>
Secretary of State/Designee	<i>6-20-77</i>
Attorney General/Designee	

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date 5/24/77	1. Agency Address Department of Human Resources Division of Physical Health Community Tuberculosis Control Unit Bldg. 512, Northwest Ga. Regional Hosp. Rome, Ga. 30161	Application Number 77-215	
Application Number DHR-144		Date Received JUN 13 1977	Date Completed AUG 22 1977
2. Person to Contact Bonnie Green		Working Title Administrative Aide	Telephone Number GIST 231-6169
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1971 Latest To date		5. Records Series Title (followed by title used in office; if different) X-ray Screening File	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Physical Health provides direction, coordination and advocacy for a multi-faceted public health program responsive to changing disease patterns. To accomplish this purpose there are three major activities of the Division involved in providing health services to the citizens of Georgia: The Local Health Activity, the Family Health Activity and the Community Health Activity. The Community Tuberculosis Control Unit is one facet of the Community Health Activity whose function is the reduction of the incidence of tuberculosis infection through the treatment of persons who are able to infect others, and through the preventive treatment of non-infectious individuals who become infected. To accomplish these objectives, infected persons must be identified and treated; the persons who come in contact with infected people must be identified and evaluated and given preventive treatment if indicated; and persons who are suspected of having tuberculosis must be identified; evaluated and monitored to see if there is, in fact, infection or disease present.			
7. Record Series Description		This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Determining if persons screened in an X-ray Clinic are infected or diseased with tuberculosis. Included are: X-ray films from County X-ray Clinics and private physicians.	
File is arranged: Alphabetically.			
8. Monthly Reference Rate		How often are records referred to which are: One to six months old 75/mo.; Seven to twelve months old 50/mo.; Thirteen to twenty-four months old 10/mo.; twenty-five months and older 5/mo.?	
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) 12 inches/yr.			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X		c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal year; ☒ Other Cut off on the 5th ~~XXXX~~
anniversary of the date of the film then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☒ Transfer to local holding area, hold 2 year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Will J. McDonald HR-RMO

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>W. T. McElroy</i>	3/17/77	<i>Zennie J. Green</i>	3/14/77
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee	8-16-77
		Secretary of State/Designee	8-12-77
		Attorney General/Designee	8-22-77